

Alex Padilla  
California Secretary of State



## Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Tuesday, May 28, 2019. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

200633910082 VERNON HOLDINGS, LLC

Registration Date:	12/04/2006
Jurisdiction:	CALIFORNIA
Entity Type:	DOMESTIC
Status:	ACTIVE
Agent for Service of Process:	ISAAC ALCHALEL 6055 E WASHINGTON BLVD STE 255 COMMERCE CA 90040
Entity Address:	6055 E WASHINGTON BLVD STE 255 COMMERCE CA 90040
Entity Mailing Address:	6055 E WASHINGTON BLVD STE 255 COMMERCE CA 90040
LLC Management	Managers

A Statement of Information is due EVERY EVEN-NUMBERED year beginning five months before and through the end of December.

Document Type	↕	File Date	↕	PDF
SI-NO CHANGE		09/28/2018		
SI-COMPLETE		06/06/2017		
AMENDMENT		01/11/2008		
REGISTRATION		12/04/2006		

\* Indicates the information is not contained in the California Secretary of State's database.

**Note:** If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

[Modify Search](#)[New Search](#)[Back to Search Results](#)



State of California  
Secretary of State

LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

File # 200633910082

**FILED**  
In the office of the Secretary of State  
of the State of California

DEC 04 2006

A \$70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

**ENTITY NAME** (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L L C.")

1. NAME OF LIMITED LIABILITY COMPANY

VERNON HOLDINGS, LLC

**PURPOSE** (The following statement is required by statute and may not be altered.)

2 THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

**INITIAL AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

PATRICK M. PIERCE

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

3914 MURPHY CANYON ROAD, SUITE A252 SAN DIEGO CA 92123

**MANAGEMENT** (Check only one)

5 THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY.

☒ ONE MANAGER

☐ MORE THAN ONE MANAGER

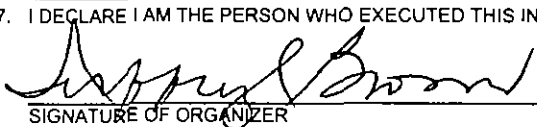
☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

**ADDITIONAL INFORMATION**

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

**EXECUTION**

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

  
SIGNATURE OF ORGANIZER

DECEMBER 1, 2006

DATE

JEFFREY L. BROWN

TYPE OR PRINT NAME OF ORGANIZER

**RETURN TO** (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

8. NAME [JEFFREY L. BROWN, ESQ.]

FIRM BROWN & FARMER, APLC

ADDRESS 7777 ALVARADO ROAD, SUITE 619

CITY/STATE/ZIP [LA MESA, CA 91941]



**Secretary of State  
Statement of Information  
(Limited Liability Company)**

LLC-12

16-747444

FILED

Secretary of State  
State of California

JUN 20 2016

2016/06/24/2016

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**Filing Fee - \$20.00**

Copy Fees - Face Page \$1.00 & .50 for each attachment page,  
Certification Fee - \$5.00

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**1. Limited Liability Company Name**

Vernon Holdings, LLC

**2. 12-Digit Secretary of State File Number**

200633910082

**3. State or Place of Organization (only if formed outside of California)**

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

6055 E. Washington Blvd., Ste. 530

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

b. Mailing Address of LLC, if different than item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**5. Manager(s) or Member(s)**

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name

Isaac

Middle Name

Last Name

Alchalel

Suffix

b. Address

6055 E. Washington Blvd., Ste. 530

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

**6. Agent for Service of Process**

Item 6a and 6b: If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)

Isaac

Middle Name

Last Name

Alchalel

Suffix

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box

6055 E. Washington Blvd., Ste. 530

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Real Estate Investment

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

**9. The information contained herein, including any attachments, is true and correct.**

05/17/16

Veronica Lopez

Admin Assistant

Date

Type or Print Name of Person Completing the Form

Title

Signature

*Veronica Lopez*

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Isaac Alchalel

Company:

Vernon Holdings, LLC

Address:

6055 E. Washington Blvd., Ste. 530

City/State/Zip:

Commerce, CA 90040



**Secretary of State**  
**Statement of Information** 118  
(Limited Liability Company) ~

LLC-12

17-760324

**FILED**  
**Secretary of State**  
**State of California**

**JUN - 6 2017**

**IMPORTANT** — Read instructions before completing this form.

**Filing Fee** — \$20.00

**Copy Fees** — First page \$1.00; each attachment page \$0.50;  
Certification Fee — \$5.00 plus copy fees

26/201cc

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

Vernon Holdings, LLC

**2. 12-Digit Secretary of State File Number**

200633910082

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box

6055 E. Washington Blvd. Ste. 255

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

b. Mailing Address of LLC, if different than Item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a

4900 Corona Associates, LLC

c. Address

6055 E. Washington Blvd. Ste. 255

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Isaac

Middle Name

Last Name

Alchalel

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

6055 E. Washington Blvd. Ste. 255

City (no abbreviations)

Commerce

State

CA

Zip Code

90040

**CORPORATION** — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company

Real Estate Investment

**8. Chief Executive Officer, if elected or appointed**

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

**9. The Information contained herein, including any attachments, is true and correct.**

5/9/17  
Date

Veronica Lopez

Type or Print Name of Person Completing the Form

Admin Assistant

Title

Veronica Lopez  
Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ Veronica Lopez ]

Company: Vernon Holdings, LLC

Address: 6055 Washington Blvd. Ste. 255

City/State/Zip: [ Commerce, CA 90040 ]



**Secretary of State**  
**Statement of No Change**  
(Limited Liability Company)

**LLC-12NC**

18-D27006

**FILED**

In the office of the Secretary of State  
of the State of California

SEP 28, 2018

*This Space For Office Use Only*

**IMPORTANT** — [Read instructions](#) before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

**Filing Fee** – \$20.00

**Copy Fee** – \$1.00;  
Certification Fee - \$5.00 plus copy fee

- 1. Limited Liability Company Name** (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, [see instructions](#).)

VERNON HOLDINGS, LLC

- 2. 12-Digit Secretary of State File Number**

200633910082

- 3. State, Foreign Country or Place of Organization** (only if formed outside of California)

CALIFORNIA

- 4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

*There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.*

- 5.** The information contained herein is true and correct.

09/28/2018

Date

Veronica Lopez

Type or Print Name of Person Completing the Form

Administrative Assistant

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. ([SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]